

WEEKLY LOG SUMMARY – STRESS

Name _____ Age _____ Week of _____ Name of Observer(s) _____

I. WORRY PROFILE (MARK HIGHEST WORRY LEVEL EACH HOUR)

	(A.M.)												(P.M.)											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
MON																								
TUES																								
WED																								
THUR																								
FRID																								
SAT																								
SUN																								

(CODE)

- (1) - *No* STRESS; general feeling of wellbeing.
- (2) - *A Little* STRESS; no interference with home, school, or play activities.
- (3) - *Some* STRESS; symptoms of worry or fright take effort to manage but interfere little.
- (4) - *Much* STRESS; many symptoms of worry or fright and interference with activities.
- (5) - *Very Much* STRESS; general inability to engage in home, school, or play activities.
- (S) - Slept all of the hour; general feeling of wellbeing
- (A) - Awake during part of the hour - Rate feeling of DEPRESSION/FEELING SAD on 1-5 scale.
- (NM)- Woke up because of nightmare

II. EXTERNAL SOURCES OF STRESS - List several things that you related to this week that caused or resulted in any significant discomfort in you.

1. _____
2. _____

III INTERNAL SOURCES OF STRESS – Internal Stressors: List any recurring worries that caused or resulted in any feeling of discomfort in you.

1. _____
2. _____